

# Reading the Signs

For participants in the MNADV's Lethality Assessment Program for First Responders

## Lethality Assessment in the News

*The Washington Post*, *The Baltimore Sun*, CNN, and PoliceOne.com recently ran features about the Lethality Assessment Program (LAP). Such exposure has brought inquiries from 17 states and one national organization, and heightened interest within the state. Charles Remsberg wrote an article on the LAP that appears on PoliceOne.com, a law enforcement-oriented website. In his column, he quotes Dr. Bill Lewinski, executive director of the Force Science Research Center, as saying: "...use of the intervention checklist by patrol officers represents 'a model approach for fulfilling law enforcement's traditional motto of 'Serve and Protect.' "



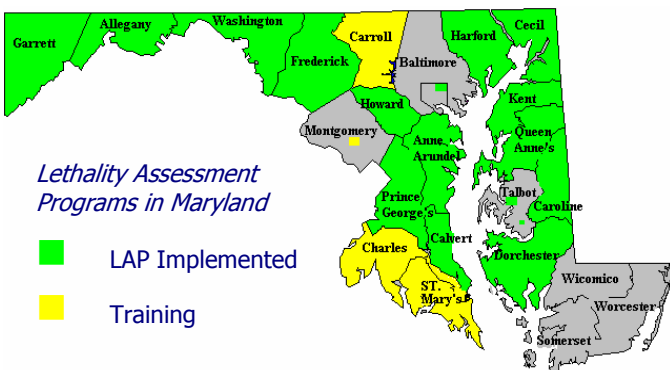
We hope such national attention has also made victims more aware of the danger they are in. We believe the media can reach victims much more broadly than we can, and we thank the Post reporter, Donna St. George, the Sun reporter, Justin Fenton, CNN, and Charles Remsberg for their coverage.



Read the articles and view the CNN video at the following links:

- <http://www.washingtonpost.com/wp-dyn/content/article/2007/10/01/AR2007100101793.html>
- <http://www.baltimoresun.com/news/local/annearundel/bal-md.ar.lethality14nov14,0,5244397.story>
- <http://www.cnn.com/video/#/video/us/2007/10/21/nurenberg.assesing.domestic.violence.cnn>
- [http://www.policeone.com/pc\\_print.asp?vid=1638964](http://www.policeone.com/pc_print.asp?vid=1638964)

## Lethality Participants



## LAP Award to Harford County Sheriff's Office

During its annual awards dinner in October, the MNADV recognized the **Harford County Sheriff's Office** as the law enforcement agency that has demonstrated the highest degree of commitment to saving lives with its newly created Lethality Assessment Award.

In 2006, of the 186 victims the HCSO screened in at High Danger, 77% spoke on the phone to a counselor (state average--54%). In the "declined to answer" category the HCSO reported only 3% (state average --8%). Deputies in Harford County did not lose many opportunities to identify and remove victims from harm's way. In 2007, their performance remains above the state averages in the key categories.

Other measures of their commitment: (1) Ensuring a screen is done on each eligible victim; and (2) visiting or calling victims who have screened in to encourage them to seek services. Indeed, the number of victims in Harford County served by the HCSO who have sought services has steadily risen from 27% in 2006, to a significantly improved 35% in the first quarter of 2007, to a resounding 56% in the second quarter, to an incredible 82% in the third quarter! The state average is 29%.

Congratulations Harford County Sheriff's Office!

## High Performers

With large numbers it is sometimes difficult for larger agencies to reach high performance figures. Not so in the 3rd quarter of 2007:

In the **"spoke to"** category:

- Harford County Sheriff's Office--76%
- Caroline County Sheriff's Office--74%
- Frederick County Sheriff's Office--73%
- Anne Arundel County Police Department--70%
- Prince George's County Sheriff's Office--69%
- Cambridge Police Department--67%



In the **"services"** category:

- SARC (Harford)--59% (N=19)
- CASA (Washington)--45% (N=13)
- FCRC (Allegany)--44% (N=4)
- Heartly House (Frederick)--41% (N=22)

In the **"did not answer"** category--those below the average of 4%: 24 agencies, especially those with large numbers of screens and those who had no DNAs.

## Best Practice--Screening Petitioners

The **Domestic Violence Unit of the Harford County Sheriff's Office** has adopted the practice of conducting Lethality Screens of victims who have been issued a Temporary Protective Order. The court sends petitioners to the Family Justice Center, in which the Domestic Violence Unit is housed. A deputy meets with the petitioner, completes the Protective Order Addendum, and conducts a Lethality Assessment per the protocol. Several victims have been killed in recent years right after service of the temporary order. It is a dangerous time and the HCSO has addressed it with a simple, but proactive procedure. We hope other agencies will follow suit--soon!

# Call for Roundtable Discussions

## Discussion 1 : Handling the Difference

A research project of the Mid-Shore Council on Family Violence conducted by Dr. Pamela Ovwigho found that 95.4% of victims assessed as being at high danger who went to Mid-Shore for help had never before availed themselves of such services. That's a similar finding to Dr. Campbell's research that shows that 96% of victims who had been killed had never received services. Mid-Shore's research confirms our perceptions—that programs are speaking with and serving victims who are **not ready** to engage services. They are, in effect, different victims than what the programs are used to serving. That being the case:

- ◆ What does a hotline counselor say to such a victim in the very brief time they have on the phone?
- ◆ How do programs serve high danger victims who take the giant step of going in to get help?
  - How can they help a victim who may not be ready for the help they normally provide?
  - Do programs actually have to change their services for these victims?
- ◆ When we utilize the best practice of visiting high danger victims at their homes, what should the visiting counselor or officer say to them?

### The Protocol: "Response by the Service Provider—Striving for a Team Approach"

The protocol (*Section 4.5.2-b-[2] [pg.16] in your binders*) provides for the following:

*"Commit itself to providing enhanced services to victims referred to it as high danger cases and seek to develop or use best practices for helping such victims. Examples of best practices might include guarantees of shelter as long as the victim's situation is urgent, of an internal team approach to safety planning, to provision of resources, and to other options within 24 hours of the program's first business day, of consultation with legal services, if available, of sharing resources across programs; asking clients to sign waivers in the event of their death."*

We will address these questions at a roundtable discussion which will take place in February/March. Invitees will be program directors, hotline coordinators, program services coordinators, and any advocates involved with lethality assessment victims. Attendance will be open, but space may be limited. Attendance is encouraged to have as full a discussion as possible. Watch for the date.

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 Website: [www.mnadv.org](http://www.mnadv.org)



## Discussion 2 : Containing the Highly Dangerous Abuser

"You can't stop someone intent on killing someone else." In the aftermath of many domestic homicides, this is what we hear, often from people within the system. Is it an excuse? If we believe that the Lethality Assessment Program (LAP) can alter the fatal path an abuser may be on, then perhaps, yes, it is an excuse. Yet, even with the proactive approach of LAP, we need to follow the principle of "going the extra mile" in some cases. We assess victims as being in "high danger," therefore, their abusers are "highly dangerous." With such individuals how can we "contain" them with appropriate interventions? For example, in Cecil County, during the third quarter of 2007, of 30 "high danger" cases, 23 abusers (77%) were charged. Research by Dr. Jackie Campbell shows that arrest of dangerous abusers is one of two of the best protective measures (shelter being the first). As we write this, a 31-year old Washington County woman and a Smithsburg police officer (25, with 1 and ½ years service) were both killed during what the newspaper reports as a "domestic dispute." The suspect "was wounded in a shootout with police." He was under a protective order not to contact the victim. Do we need to be even more proactive in containing highly dangerous abusers? What interventions are at our disposal that we might be able to employ readily? We will address these questions at a second roundtable discussion in March/April. Invitees will primarily be members of the criminal justice system. More to come...

### The Protocol: "Intervention Planning—The Goal of Intervention"

The protocol (*Section 5.1.1 [pg.20] in your binders*) provides for the following:

*"When an assessment is made that a victim is in high danger and needs help, it is important to keep in mind that the abuser is a high danger risk and requires attention. Whether or not the abuser has committed a crime that warrants specific interventions, an intervention plan should be developed concerning the abuser. The goal of intervention planning is to contain the abuser for the purpose of preventing violent acts against the victim or others and providing the victim with a sense of security and empowerment. As with safety planning, interventions should be considered within the framework of containment for the immediate circumstances, the short-term, and the long-term."*